

Child & Adolescent Mental Health
Division

Provider Manual



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CHILD AND ADOLESCENT MENTAL HEALTH DIVISION PROVIDER MANUAL

	Page
INTRODUCTION	2
MISSION STATEMENT	3
PROJECTED STRATEGIC PLAN OUTCOMES.....	4
HAWAII CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP) PRINCIPLES	5
PROVIDER NETWORK AND GENERAL RESPONSIBILITIES	6
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION DIRECTORY	38
FAMILY GUIDANCE CENTERS & FAMILY COURT LIAISON BRANCH.....	7
PROCESS FOR ADDRESSING CLAIMS AND SERVICE AUTHORIZATION ISSUES And CLAIMS SUBMITTAL SCHEDULE	8
CLINICAL SERVICES OFFICE	10
PERFORMANCE MANAGEMENT	12
CONTRACTS MANAGEMENT	25
RESOURCES DEVELOPMENT SECTION	27
PROVIDER RELATIONS LIAISON	27
COMPLIANCE PROGRAM.....	28
RELEASE OF CONFIDENTIAL INFORMATION.....	32
CAMHD’S CORE COMMITTEES	33
MEDQUEST	37



**Department of Health
Child and Adolescent Mental Health Division (CAMHD)**

PROVIDER MANUAL

INTRODUCTION

The Child and Adolescent Mental Health Division (CAMHD), a division of the State of Hawaii Department of Health (DOH), operates through seven (7) Family Guidance Centers (FGCs) and a Family Court Liaison Branch (FCLB) throughout the state. This division provides intensive mental health services for educationally disabled youth with emotional and/or behavioral impairments that interfere with their ability to benefit from their educational program. These services are provided in communities statewide to effectively and efficiently address the individualized needs of children/youth with emotional and behavioral challenges and to provide the necessary supports and services that will allow children, youth and their families to lead fulfilling and productive lives.

Strong working relationships with our contracted providers are important in ensuring the quality of care for our children and families. As a participating provider you play a key role in the provision and management of health care services for our youth. By working closely together, we can make the CAMHD mission a reality.

The purpose of this manual is to provide you with information to make your interactions with CAMHD as efficient and helpful as possible. The Provider Manual is an evolving reference work and we welcome your input and suggestions now and in the future. The Provider Manual is now available to providers online on the Internet at the CAMHD website at <http://www.hawaii.gov/health/camhd/index.html>. You will be notified of any changes or updates that will be reflected in the online copy of the manual.





MISSION STATEMENT

CAMHD provides timely and accessible mental health services to emotionally disturbed youth and their families within a system of care founded upon Hawaii's CASSP principles and evidence-based practice, with a commitment to continuous monitoring and evaluation for effectiveness and efficiency.



PROJECTED STRATEGIC PLAN OUTCOMES

For the Fiscal Years 2003 to 2006

The CAMHD maintains a core belief that in order to achieve positive outcomes for the children and youth with mental health needs and their families, strategic planning to address those needs must occur. The planning has occurred statewide with stakeholders at the community level with broad goals and specific indicators of the safety and well being of children and youth. This Plan does reflect the substantial effort by the CAMHD Management Team, Hawaii Families as Allies, Community Children's Council and the State Mental Health Council. The four major goals of the Plan include:

There is a systemic commitment to CAMHD strategic initiatives and equal ownership of accountability for results and efficiencies.

The system design and all personnel are respectful of and true to Hawaii's Child and Adolescent Service System (CASSP) principles.

The system provides evidence based interventions and assumes mechanisms for mentoring competencies in these treatments.

There is a shared commitment to ongoing evaluation of system performance and child outcomes and these data are routinely applied to guide system design and practice.





HAWAII CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP) PRINCIPLES

The CAMHD is committed to the following CASSP principles as developed by the Hawaii Task Force in 1993, adapted from Stroul, B.A. and Friedman, R.M., 1986.

1. The system of care will be child and family centered and culturally sensitive, with the needs of the child and family determining the types and mix of services provided.
2. Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational and developmental needs.
3. Family preservation and strengthening along with the promotion of physical and emotional well-being shall be the primary focus of the system of care.
4. Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.
5. Services which require the removal of a child from his/her home will be considered only when all other options have been exhausted, and services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.
6. The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of points of entry.
7. Families or surrogate families will be full participants in all aspects of the planning and delivery of services.
8. As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.
9. Early identification of social, emotional, physical and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.
10. The rights of children will be protected and effective advocacy efforts for children will be promoted.



PROVIDER NETWORK AND GENERAL RESPONSIBILITIES

The Child and Adolescent Mental Health Division (CAMHD) provide intensive and emergency mental health services for youth with emotional and/or behavioral challenges beyond those that can be effectively managed at the school level. CAMHD provides intensive case management services (also referred to as care coordination services) through its Family Guidance Centers (FGCs) and the Family Court Liaison Branch (FCLB). To this end, CAMHD continues to develop its provider network and presently offers a network composed of providers rendering Emergency Mental Health, Intensive Mental Health Services and Multisystemic Therapy Services (MST).

In developing an integrated comprehensive plan addressing the youth's needs, the FGCs, through the Mental Health Care Coordinators (MHCC), uses a coordinated service planning (CSP) process to bring all team members together to meet its service goals. The provider agency, in turn, coordinates the services that are to be provided by that agency. CAMHD's contracted provider agencies are responsible for the quality of services provided by its employees and subcontracted providers.

It is the responsibility of CAMHD to ensure that the behavioral health needs of the-eligible youth are met, including ensuring that Quest Plan clients are served by Hawaii licensed providers. It is the responsibility of the provider to be fully cognizant of and to adhere to all applicable State and Federal requirements, the Interagency Performance Standards and Practice Guidelines and the Request for Proposal (RFP) and contract requirements.

The role of the provider is valuable and crucial in our collaborative efforts to ensure positive outcomes for our youth, families and communities.



FAMILY GUIDANCE CENTERS & FAMILY COURT LIAISON BRANCH

The CAMHD is designed in public/private partnership with seven (7) FGCs and a Family Court Liaison Branch (FCLB) and contracted provider agencies across the State. CAMHD has approximately 240 authorized positions allocated across organizational components, including central administrative office and the eight branches.

Each of the seven (7) FGCs and the FCLB is headed by a Branch Chief and supported by a psychiatrist, section supervisors, a psychologist, quality assurance specialist, fiscal officer, mental health care coordinators and support staff. Services provided by the centers include liaison with the schools, receipt of referrals, registration of clients, care coordination, and intensive clinical case management services.

The Mental Health Care Coordinator

The FGCs' Mental Health Care Coordinators (MHCC) play a pivotal role in accessing Intensive Mental Health Services for students whose needs extend beyond School-based Behavioral Health Services.

Once a determination has been made by the IEP/MP team that a youth may benefit from Intensive Mental Health Services, an MHCC, from the FGC located in the youth's school complex is assigned to that student. The MHCC's role begins with communication with the youth, family and providers regarding the provision of appropriate intensive mental health services. The MHCC is responsible for the coordination of:

- ◆ Routine home visits and school visits;
- ◆ Community contacts;
- ◆ Care with Juvenile Justice;
- ◆ Care with the Department of Human Services
- ◆ Ongoing family engagement;
- ◆ Convening of an initial CSP meeting;
- ◆ Issuance of Service Authorizations (SAs). Please note: With the exception of Emergency Services, all contracted CAMHD services require prior written authorization (i.e. Service Authorizations).

Directing Your Issues/Inquiries

Providers may direct all inquiries and concerns pertaining to the referral, coordination, delivery and billing of services to any one of eight (8) branches. The FGC/FCLB staff has "first-hand" knowledge of the youth and the care and services required to meet his/her needs. Each branch has MHCC, PHAO and Chief available to assist providers.



BILLING SUBMISSIONS AND CLAIMS

ELECTRONIC SUBMISSIONS

Contracted providers must submit all billing submissions in the 837X12 HIPAA compliant format to the secure CAMHD HTS server website for authorized services within ninety (90) calendar days after the end of each month in which services are delivered. It is CAMHD's expectation that all claims be certified for accuracy, completeness and truthfulness with the required documentation completed, on file and available for review at the time of submission.

Any reconciliation of claims shall be completed within the ninety- (90) calendar day period. The deadline for monthly claims submission shall be strictly enforced by CAMHD.

The electronic billing submissions must be posted to the CAMHD HTS server NO LATER THAN 3:00 P.M. of the 90th day. Providers are advised to not wait until late in the 90-day billing cycle to submit a claim. If that claim needs to be corrected, resubmitted and re-reconciled, there may not be enough time to do this; this may push it past the 90-day deadline and cause a rejection of that claim. It is strongly recommended that the provider reconciles outstanding claims expeditiously and submits new claims that are accurate and complete.

Providers with questions or concerns regarding electronic billing submissions may contact the MIS help desk at 733-9309.

MANUAL BILLING SUBMISSIONS

There may be instances when a provider will need to submit claims manually. These claims would be submitted through CAMHD's Fiscal Section. Once CAMHD determines the need for manual billing submissions providers will be informed of the process to follow as well as provided any necessary forms to complete. The general process would include completing both a hard and electronic copy of the manual invoice spreadsheet and billing certification and processing it through the Fiscal Section.

Providers with questions or concerns with manual billing submissions may contact Phillip Nguyen at 733-8370.

STEPS FOR ADDRESSING CLAIMS DENIAL ISSUES

Providers should follow the proceeding steps to address any claims denial issues:

1. Direct the issue to the Public Health Administrative Officer (PHAO) of the FGC that generated the service authorization. Allow 24 hours for a PHAO response.



2. If unresolved, direct the issue to the FGC Chief, allowing 48 hours for a response. Submit the concern in writing and maintain a copy for your own file.
3. If still unresolved, direct the issue to the CAMHD Division PHAO. The “Provider Appeal to CAMHD for Rejected/Non-processed Claim form (attached) must be completed and submitted to the Division PHAO.

STEPS FOR OBTAINING OR MODIFYING SERVICE AUTHORIZATIONS (SAs)

The same process for addressing claims denial issues applies to this situation.

It is strongly advised that the provider document well and completely, the steps taken to resolve the SA or claims issue. Include names of the personnel contacted as well as dates and descriptions of the interaction. This kind of documentation is helpful when attempting to resolve the issues. Additionally, it validates that the provider has taken the necessary and appropriate steps to seek resolution of the issues prior to escalating the problem to the next level. It is also vital to the appeal process, should it be necessary to elevate the issue to that level. This information must be included on the “Provider Appeal to CAMHD for Rejected/Non-processed Claim” form (see above, Step #3).

Please note:

The provider should not render services prior to obtaining the service authorizations. Nor should the FGC request that the provider render services until service authorizations have been completed.



CLINICAL SERVICES OFFICE

The Clinical Services Office (CSO) develops, implements, and oversees clinical and care coordination practice and policy for CAMHD and its contracted providers within a statewide system of care. The Office participates in the development and/or review of all clinical aspects of CAMHD documents and activities such as interagency performance standards and practice guidelines, provider contracts, policies and procedures and Request for Proposals. The two organizational sections of CSO are Practice Development and Resource Management. The Practice Development section provides training and support on evidence-based clinical and care coordination practice for CAMHD staff, contracted providers for CAMHD, the staff of other State agencies, and families of special needs children and youth. The Resource Management section analyzes data and trends, determines the need for specialized services, and participates in the development and implementation of newly identified services.

Practice Development

Practice Development staff conduct systematic reviews of scientific research and local systems data and subsequently develop curricula and provide training, technical assistance and mentoring based on the findings from this data. Staff of this section also convene and participate in an interagency, interdisciplinary advisory committee on evidence-based clinical and care coordination practice and policy.

Resource Management

The function of this section is to develop a system that has the sufficient capacity to provide clinically appropriate services to Hawaii's children and youth in need of mental health services. This section performs this function through tracking the matches between children's needs and system resources. The section is designed to facilitate development activities that focus on ensuring sufficient capacity and efficient use of available resources. Resource Management staff examine patterns and trends of service delivery that identify and discourage prolonged utilization of ineffectual services, overly restrictive services, and non-evidence-based interventions. When identified, this section works to improve the capacity and structure of the system to address these areas of concern.

Training Initiative

Please refer to the CAMHD web site at www.state.hi.us/doh/felix/dev.html for a current schedule of CAMHD and Cross-Systems training. If you have suggestions or questions regarding the web site or training activities, please e-mail Vivian Walker, Practice Development Supervisor, at vgwalker@camhmis.health.state.hi.us.



Interagency Performance Standards and Practice Guidelines

The Department of Health (DOH) and Department of Education (DOE) jointly developed this manual for use by DOH and DOE personnel and DOH and DOE contracted providers when developing individualized plans for youth. These standards and guidelines are designed to define service content standards and improve the efficiency and effectiveness of the School-based Behavioral Health and Intensive Mental Health Services.

Professional Mentorship and Consultation Services

Professional Mentorship activities are designed to support Family Guidance Center staff in improving their skills and competencies in areas such as:

- Assessment
- Care Coordination
- Coordinated Service Planning
- Engagement Skills
- Additional Training Needs as Identified by Family Guidance Centers

Consultation Services provided by the Practice Development section staff are available to Family Guidance Center staff in areas such as:

- The availability and/or changes in service placements
- The development of coordinated service plans and behavior support plans
- Transitions from one placement to another or from youth to adult mental health status
- Focused training as needed to improve clinical knowledge and the use of evidence-based services

Census Reporting

Tracks the status of youth in out-of-home placements. Report must include date of admission, youth name and gender, the referring Family Guidance Center, projected discharge date, actual discharge date, discharge placement, and waitlisted youth at that placement.

Utilization Review and Tracking Service Trends

Utilization Review Management examines patterns and trends of service delivery to identify and discourage prolonged utilization of ineffectual services, overly restrictive services, and the use of non-evidence-based interventions. Utilization Management also conducts regular reviews of documented needs and the intensity of services provided. After these trends have been identified, Utilization Management supplies the data necessary for CAMHD to take action to align the services with the Division's practice guidelines and policy.



PERFORMANCE MANAGEMENT

OVERVIEW

Philosophy and Approach

CAMHD's mandate is to guarantee access to safe, humane, appropriate, and effective services and supports for each child and family served. In order to provide proper stewardship of State funds, CAMHD must continually demonstrate positive results through the work of the Family Guidance Centers and our contracted providers of service.

A key assumption of performance management is that performance and results need to be carefully measured. A second key assumption is that feedback needs to be offered in order to make changes.

The overall purpose of performance management is to:

- Assess CAMHD staff practices and performance,
- Monitor provider practice and performance,
- Determine what's working and what is not,
- Stimulate changes in practice and results,
- Detect fraud, waste and abuse, and
- Demonstrate accountability.

CAMHD Performance Improvement Structure

Performance Improvement within CAMHD is managed at both the Family Guidance Centers (FGC) and in the CAMHD Central Offices. Each FGC has an internal structure for reviewing performance data and managing performance improvement initiatives. This process is supported through the Quality Assurance Specialist in each FGC.

Similarly, the CAMHD Central Office has a committee structure at the core of its performance improvement system. The Performance Improvement Steering Committee reviews performance measures tracked by the various committees that are required by CAMHD's Quality Assurance and Improvement Program. The data that informs this process includes utilization review, sentinel events, grievances and appeals, monitoring, caseloads and vacancies, access, credentialing, facilities certifications, training and other aspects of CAMHD performance.

CAMHD has a memorandum of agreement with the state Medicaid agency, which is the Med QUEST Division of the Department of Human Services. This agreement allows for the maximization of federal funds for youth that are eligible for QUEST. The MOA requires CAMHD to meet all federal and state requirements for participation. The



requirements for quality and documentation are no different than the basic standards that are set through CAMHD Performance Standards and Practice Guidelines.

PROVIDER QUALITY ASSURANCE REQUIREMENTS

Provider Quality Assurance and Improvement Program

Each agency that CAMHD contracts with is required to maintain a continuous quality improvement system throughout its delivery of services. This process is managed through the agency's Quality Assurance and Improvement Program (QAIP), which assure that services meet CAMHD Standards.

A QAIP shall include:

1. A description of the organization's vision, mission, and values on which its plan for continuous quality improvement efforts are based, inclusive of:
 - Goals and objectives;
 - Scope of the QAIP;
 - Specific activities to be undertaken, such as studies;
 - Continuous tracking of issues;
 - Focus on educational and positive behavioral health outcomes;
 - Systematic process of quality assessment and improvement;
 - Evaluation of the continuity and effectiveness of the QAIP;
 - Resources needed for the activities of the QAIP; and
 - A description of how QAIP documentation will be maintained and available for inspection and review.
2. A description of how the organizational structure (identified in Section 3, Part III-E) supports and supervises its QAIP, and the internal mechanisms involved in the quality monitoring process. In particular, the roles and responsibilities of organizational staff, youth, families, and direct providers should be described. This section should be inclusive of:
 - Description of accountability of the governing body of the organization;
 - Oversight and supervision of the QAIP;
 - How progress of the QAIP will be reviewed; and
 - Accountability for modifications to the program.
3. A description of quality improvement activities to be developed and implemented using performance information in specific activities, which include both internal continuous quality improvement efforts and mechanisms to obtain routine and regular community input concerning performance.



4. A description of how QA activities will be coordinated with other management activities, including how findings, conclusions, recommendations, and actions taken shall be documented and reported.
5. A demonstration of an active QA committee including, but not limited to:
 - Schedule of meetings
 - Documentation of activities
 - How findings and recommendations will be directed
 - Accountability to the governing body
6. Description of the organization's utilization review and management program to determine whether the level and intensity of services provided are appropriate to the educational and behavioral health needs of clients. The plan will:
 - Establish and offer guidelines to maintain a system of reporting to assess the appropriateness of the services delivered and amount of services delivered.
 - Identify and maintain levels of review that correspond with the client's level of acuity.
 - Monitor service utilization guidelines including evaluating medical necessity.
 - Monitor and assure the prior authorization of services.
 - Maintain a process of concurrent review for ongoing treatment and for requests for reauthorization of services.
 - Identify and maintain levels of review in accordance with the CAMHD service guidelines regarding length of service.
7. A description of the following:
 - The organization's plan for ongoing compliance with credentialing and re-credentialing of personnel.
 - The organization's plan for managing how clients' rights and responsibilities will be communicated.
 - The organization's plan for how services will be made accessible and available.
 - The organization's plan for how records will be maintained including how confidentiality will be ensured in compliance with all relevant state and federal laws and regulations.

Provider Reporting of Quality Assurance Activities

Contractors must submit quarterly assurance reports based upon the agencies' Quality Assurance and Improvement Plan (QAIP) within 30 days following the end of each quarter. These reports shall be described in terms of the status of outcome measures of



improvement comprised of agencies' findings, analyses, and actions taken or planned for the following components:

- Sentinel events
- Complaints
- Personnel activities
- Training, including basis for determining type of training, and effect on youth treatment
- Staffing patterns, youth/worker ratios, adequacy, turnover, overtime, etc.
- Clinical supervision - degree to which standards are met, and effect on staff and youth
- Credentialing
- Clinical documentation – accuracy, completeness and timeliness
- Length of stay and status of client outcome measures
- Facility – status of sanitation, orderliness, safety, and atmosphere

OUTCOME MEASUREMENT

Outcome data is collected on each child served by CAMHD. Data analysis will allow us to evaluate the performance of our system and its providers. Measures that will be tracked include:

- Number and percentage of youth with improved functioning as measured by CAFAS or PECFAS, Achenbach and CALOCUS
- Number of youth served in an out-of-state setting
- Number and percentage of youth served within the community setting
- Number and percentage of youth with good school attendance
- Number and percentage of youth arrested
- Number and percentage of youth involved in school and community pro-social activities
- Satisfaction

Each provider is required to submit to CAMHD Performance Management Section on a quarterly basis:

1. Access data:

- Number and percentage of referrals reviewed within 48 hours
- Number and percentage of youth accepted upon referral
- Number and percentage of percentage of youth seen within five days of referral
- Number and percentage of youth ejected from the program



2. Quality of service provision measure:
 - Number and percentage of staff fully credentialed
3. Least restrictive environment measure:
 - Average length of treatment
4. Treatment measure:
 - Number and percentage of youth that have met treatment goals

CREDENTIALING

The process of credentialing direct service staff is significantly applicable to Licensed Mental Health Professionals (QMHP) serving CAMHD youths and families since such professionals serve as clinical supervisors of direct service staff.

CAMHD holds all agencies accountable to assure competent, safe, and effective practices of their staff serving CAMHD youths and families through oversight supervision by a QMHP. Agencies are delegated the function of verifying the qualifications of all direct service staff. This information must be submitted to the CAMHD Credentialing Specialist per the Credentialing Policies and Procedures.

The CAMHD Credentialing Committee will review and approve the credentials of all QMHP, MHP and Paraprofessional direct service staff.

Timelines and Documents

Qualified Mental Health Professionals

The verification dates of all primary source documents for licensed professionals must not be any earlier than six (6) months (180 calendar days) of the CAMHD credentialing committee approval date. Agencies' must therefore initiate and complete primary source processes with submittal of documents to CAMHD ***no later than sixty (60) calendar days following the first verification date.*** This allows the Credentialing Specialist time to review the verifications, allowing for any necessary corrections by the agency, and to present them to the CAMHD Credentialing Committee for approval.

The primary source verification requirements are listed in the "Licensed Provider-Initial Credentialing Checklist."

Practitioners are not allowed to treat CAMHD clients prior to approval from the CAMHD Credentialing Committee.

Full credential status is applicable for two (2) years.

Re-credentialing process must *begin six (6) months* prior to the credential expiration date to allow the Agency Credentialing Specialist four (4) months to re-verify primary source verifications that expire and submit documents to CAMHD ***no later than sixty (60) calendar days following the first verification date.***



Mental Health Professional and Paraprofessional Background Certification

Agencies shall verify the qualifications of Mental Health Professionals and Paraprofessionals as defined by CAMHD's Performance Standards and CAMHD's "Unlicensed Mental Health Professional and Paraprofessional Certification"; however, only the documents as outlined in the attachments "MHP and Paraprofessional Background Verification Checklist" must be submitted to CAMHD's Credentialing Specialist *no later than sixty (60) calendar days following the first verification date.*

Staff is not allowed to interface with CAMHD clients prior to approval from the CAMHD Credentialing Committee.

Full background verification status is applicable for two (2) years.

Re-credentialing process must *begin six (6) months* prior to the expiration of the full credential status date to allow the Agency Credentialing Specialist four (4) months to re-verify primary source verifications that expire.

Clinician MIS Registration

Clinician registration with the CAMHD MIS will be done internally at CAMHD. The Provider Agencies are responsible for assigning the correct Provider (agency) ID for the specific program that the clinician or program will be billing under. This information will be forwarded to the CAMHD MIS by the CAMHD Credentialing Specialist as submitted by the agency.

Any changes to previously reported Provider IDs or in any of the other 18 fields in the clinician registration file must be sent to the CAMHD Credentialing Specialist using the "Clinician Registration through Credentialing Dept." Excel file.

Monthly staff spreadsheets to include termination and suspension reports in the format outlined by CAMHD are due on the 15th of each month following the report month. This tracking report provides the employment status and progress of credentialing and certification for each current employee. All cells of the matrix must be completed. Refer to the "unlicensed provider monthly reporting matrix" and the "licensed provider monthly reporting matrix" for the required format.

Staff Qualifications

Staff qualifications and performance must meet the requirements as stipulated in the Interagency Performance Standards and Practice Guidelines. License requirement for licensed mental health professionals (QMHP) will not be waived.

Criminal, Child Abuse, and Background Screening

Agencies must conduct Child Abuse and Neglect (CAN) of their direct service staff on a yearly basis. Agencies shall submit requests for CAN checks of all direct service staff to CAMHD Credentialing Specialist. Agencies shall conduct criminal history record checks



through the Hawaii Criminal Justice Data Center at least every two (2) years at the time of re-credentialing for all direct service staff. All positive findings shall be reported to CAMHD's Credentialing Committee for review and recommendation based upon agencies' investigation and findings.

Misrepresentations of credentials on the part of any staff's shall be deferred to CAMHD's Compliance Committee for review and action.

FACILITIES LICENSING/CERTIFICATION

CAMHD provider agencies requesting licensure for new Community-based Residential Services (Special Treatment Facilities) or Therapeutic Group Homes (Therapeutic Living Programs) facilities must complete a Department of Health, Office of Health Assurance (OHCA), Special Treatment Facility application. All items requested must be submitted with the application. A delay in submitting the required documents hinders or may preclude licensure. An application can be obtained from the Office of Health Care Assurance or the CAMHD Facility Certification Nurse Specialist.

All new Community-Based Residential Services (Special Treatment Facility) and Therapeutic Group Homes (Therapeutic Living Programs) are inspected by the staff of the OHCA based upon current Hawaii Administrative Rules, and certified by the CAMHD Facility Certification Nurse Specialist according to the CAMHD Facility Certification Policy and Procedures requirements. The CAMHD submits a certification report with recommendations to the OHCA. The license is issued by OHCA for a designated period of months. Thereafter, the OHCA and CAMHD conduct annual inspections of all licensed facilities. In addition to the annual inspection, the CAMHD may inspect a facility at any time during the year to assist provider agencies with issues of concern.

At least two (2) months prior to the site visit the CAMHD will request submittal of the following items from the provider agency.

1. A current listing of all direct care staff and clinical supervisors for each licensed facility being reviewed.
2. The actual staffing schedules for the past three (3) months that include any adjustments made to the original schedule
3. The current Cardiopulmonary and First Aid certification information for all direct care staff of each facility being reviewed.
4. List of all direct care staff trained and certified by the licensed medical professional in medication administration protocols.
5. List of annual trainings and refreshers conducted in safety and risk management procedures.
6. All updated Agency policies and procedures covering medication orders and medication administration including medication self- administration, storage of



drugs, inventory control of expired drugs, sentinel events, restraint and seclusion, and medical emergencies.

RISK MANAGEMENT

Sentinel Events

Agencies must review each event from the standpoint of whether and how the event in question could have been prevented or ameliorated, with prescribed course of actions taken to reduce future similar events involving any child or staff.

Events are verbally reportable to CAMHD's Sentinel Events Specialist within twenty-four (24) hours of the occurrence. Voice messages left must *clearly* identify the caller, the agency and program represented, client name, care coordinator, family guidance center, client's date of birth, event codes, a brief description of the event, and the call-back telephone number.

Serious events such as serious injuries or death, suicidal attempts, sexual misconduct, and allegations of staff abuse or misconduct shall be reported verbally to CAMHD within two (2) hours of occurrence. Any and all allegations of abuse or neglect that causes harm to a child must, by law, be reported to Child Protective Services. A written preliminary report must be faxed by 2 p.m. Monday through Friday. Such reports are to be followed by a full investigative report within seventy-two (72) hours of the event occurrence.

A Formal Root Cause Analysis and Action Plan shall be collaboratively conducted between the agency and CAMHD's Clinical staff for the following most serious sentinel events:

- Suicide
- Homicide
- Accidental death
- Serious physical injury requiring hospitalization
- Rape

Seclusions and Restraints

Any use of seclusion and restraint must be documented and tracked following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements. PRN orders are prohibited. Parental notification is required. Only individuals trained and certified in the physiological and psychological impact of their use may impose seclusion and restraints.

Seclusion is defined as the *involuntary* confinement of a youth in a locked and/or secure room to ensure the safety of the youth or others. Any such isolation in a secure environment from which the youth is not potentially free to leave is considered seclusion.

Restraint restricts freedom of movement through the use of personal, mechanical or drug (chemical) restraint at any time, and for any duration of time.



Personal restraint involves any use of physical force to restrict freedom of movement. Physical escort of a cooperating child is not considered restraint until the child no longer intends to be escorted. Personal holds without force in order to comfort a child, or holding a child's hand or arm only for safe escort (i.e. crossing a street), are not considered a restraint.

Mechanical restraint involves any device attached or adjacent to the youth's body that restricts a youth's movement.

Drug (chemical) restraint involves the incidental use of medications and drugs to control unsafe behavior through temporary sedation or other related pharmacological action. Chemical restraint shall be used only to ensure the safety of the child or others.

Time out does not involve restraint of any kind and its purpose is not the confinement of the child.

GRIEVANCES, GRIEVANCE APPEALS, AND APPEALS

There are two portals through which consumers and providers may access CAMHD's grievance system – Family Guidance Centers (FGC), or Central Division's Grievance Office (GO). An assessment of each call determines whether the nature of the call is an inquiry, a grievance, or an appeal of a previous decision, or a HIPAA complaint.

All formal grievances must be filed with CAMHD within thirty (30) calendar days of the date of the occurrence. Dissatisfaction or disagreements may be about quality of services, availability and delivery of service, performance of an individual staff, a contracted provider agency, or payments/billing.

All expressions of dissatisfaction are investigated and responded to by either the FGC's Quality Assurance Specialists (QAS) or the GO. All calls or letters are logged on arrival, investigated, and expected to be resolved within thirty (30) calendar days. Whenever possible, CAMHD urges providers to attempt to first resolve all complaints at the FGC level with the assistance of the MHCC and/or Quality Assurance Specialist.

If the resolution determination is not satisfactory, the aggrieved party may file a written request of appeal which will then be investigated and resolved by CAMHD's Grievances and Appeals Committee within thirty (30) days. If the official finding is not acceptable, a formal appeal may be filed with the CAMHD Appeals Board.

There are timeframe references from acknowledgment responses, to resolutions, to extensions, and to filing requests.

Matters of dispute resolution are addressed in either the CAMHD Grievance Review process for non Med-QUEST youths, or through DHS' State Fair Hearing/Independent review process and the Hawaii State Insurance Commissioner Office of the Department of Commerce and Consumer Affairs for Med-QUEST youths.

Appeals of a CAMHD decision to deny, reduce, terminate, or delay a service ("action") are reviewed by Clinical Directors who were not party to the original decision.



MONITORING

CAMHD manages the performance of intensive mental health services, and demonstrates results for the children and families it serves. Because of the scope and scale of monitoring that needs to occur, approaches to monitoring need to be carefully selected based on their efficiencies and ability to maximize accountability for performance. Monitoring methodologies are designed to focus on key data that informs decisions in multiple arenas, as well as programmatic improvements.

Another key approach to the staging of reviews is that not all agencies need the same level or intensity of monitoring. That is, agencies with a demonstrated pattern of effective results will, in all likelihood, need a less intensive monitoring approach than those agencies where performance data indicates a need for more intensive oversight and improvements.

CAMHD utilizes various methodologies to review CAMHD Contracted Providers, depending on the types of services provided and impetus for review. CAMHD has minimum annual requirements for all contracts. Typically monitoring reviews use a team approach, which allows for increased opportunities for obtaining accurate information.

Key components of monitoring:

- Determination of performance in fiscal audits and adherence to contract standards.
- Assessment of previous profile and past performance data.
- Assessing acceptability of credentialing files.
- Determination of accreditation standing.
- Assessment of treatment fidelity and adequacy of treatment processes, including how the agency monitors client progress and outcomes.
- Analysis of complaints and sentinel event data.
- Assessment of integrity of quality assurance and performance improvement processes, including internal utilization of performance data.
- Assessment of quality of supervision practices.
- Assessment of the training model and training plan used by the agency to improve and strengthen practice.
- Assessment of adequacy of policies and procedures.
- Process for resolving complaints and responding to questions from youth, families, and teams.
- Overall experiences around family engagement and expectations for staff.
- Performance in case-based reviews and outcome data.
- Adequacy of responding to required corrective actions and calls for improvement.

In addition, residential programs are monitored for:



- Adequacy of physical plant.
- Licensing status.

Description of Key Review Methodologies:

Credentialing Audits: The CAMHD conducts an annual credentialing audit of all agencies providing services to CAMHD clients to determine that CAMHD credentialing standards are being met. Each agency is expected to maintain credentialing files in conformance with CAMHD Contract Management Standards.

The Credentialing Specialist, who provides an analysis of performance, meets with the CAMHD Credentialing Committee to review the findings and determine any corrective actions and next steps. The Credentialing Specialist conducts any follow-up monitoring needed.

Licensing Reviews: The Licensing Specialist conducts ongoing reviews of the programmatic component of therapeutic living programs (group homes) and special treatment facilities (community-based residential programs) Effective July 1, 2001. A specific protocol is used -in reviewing all aspects of the program to maintain compliance with Hawaii Administrative Rules Chapter 11-98.1, and recommendations for licensing are submitted to the Office of Health Care Assurance. Findings are analyzed and a report is generated identifying any corrective actions and sent to the agency. The Licensing Specialist conducts any follow-up monitoring needed.

Utilization Reviews: the Utilization Review Specialist, who provides an overall analysis of performance, conducts Utilization reviews. Areas examined include census, population served, length of stay and outcomes. Trends and patterns are identified and tracked over time individually, by level of care and by FGC.

Physical Plant Reviews: The review team conducts on-site inspection of the physical plant. The physical plant must conform to the measures of a safe, clean and therapeutic environment.

Treatment Processes Reviews: Effectiveness of treatment process is generally determined through case-based reviews. Identified agencies will implement a specific treatment processes/treatment plan audit tool, and data will be submitted per requirements of Individualized Monitoring Plans

Case-Based Reviews: Context-specific protocols are utilized to determine current child status across key indicators of well-being, and performance of key programmatic functions. Findings are used to inform overall program performance, and aggregate data is used to determine performance levels. Child specific reviews may be prompted by safety concerns; utilization rates, service gap reports or other issues brought to the attention of CAMHD Performance Monitoring.

Outcome Data: The CAMHMIS outcome module tracks specific indicators of child functional outcomes for all children served by CAMHD. As well, coordinated services review data is tracked for all children reviewed in complex service testing. Both sources



of performance data can be accessed and analyzed by provider agency through CR numbers.

Administrative Reviews: The CAMHD Performance Monitoring section performs administrative reviews. They include an analysis of the information provided from all of the review areas mentioned above. Stakeholder interviews are also included for agency reviews. Stakeholders may include CAMHD section staff, provider staff, parents and community representatives.

When indicated by concerns raised in other review areas, the administrative review may include identifying targeted areas to examine more closely. An example would be concerns raised by the Fiscal Review may prompt a review of a sample of client records to examine quality of documentation or targeted utilization review as to appropriateness of length of stay.

Readiness Reviews: Reviews are conducted prior to the opening of new programs with the emphasis on the opening of residential programs. Reviews comprise of full review of licensing requirements, facilities check, review of training conducted, supervision structures, policies and procedures, staffing commitments and overall programmatic/administrative capacity.

Access: CAMHD may conduct both scheduled and unscheduled monitoring which may include a review of agency and client records. These records include Policies and Procedures, incident reports, internal grievance and complaints, employee supervision notes and personnel files, training records, client files, and other files as deemed necessary by CAMHD monitors.

Improvement Plans and Calls for Corrective Actions

Review Summary Findings are distributed to each agency following a review along with determinations of any needed improvements and/or specific required corrective actions. Corrective Action requirements may include the submittal of deliverables to assist in ongoing monitoring of the program.

The Review Summary and Corrective Actions are used as the basis for a CAMHD Monitoring Plan that is agency-specific. This plan is developed by the Performance Management Section, and is used as a basis for tracking and guiding monitoring and review activities. Each agency is determined to be performing at a level based on an overall assessment of performance. These levels are informed by multiple sources of information and data, and serve as guidelines for determining a monitoring approach and level of engagement around any needed improvements with agencies.

Determining Review Level

Level One Review

The agency is assessed to be performing at 80% or better in case-based review findings (Overall Agency Performance), and has an acceptable performance in key areas of examination. The agency is fully accredited and does not have an unacceptable pattern of



concerns in the areas of complaints, sentinel events, credentialing, facility concerns or fiscal/contract management audits. The agency has an acceptable system for measuring quality and actively engages in ongoing performance improvement activities, including periodic internal case-base reviews of small samples of youth. The program has demonstrated outcomes over time. Monitoring will consist of submittal of required performance data, continued monitoring of sentinel events and complaints and a periodic case based review.

Level Two Review

The agency is performing in the 65%-79% ranges in the case-based reviews for Overall Agency Performance, and needs to implement improvements in order to perform consistently. Case-based reviews will be conducted semi-annually to determine progress on their Improvement Plan and identify needed areas for continued improvement. Implementation of specific improvements and corrective actions will be monitored.

Level Three Review

The agency is performing below 65% in the case-based reviews in Overall Agency Performance. There is an acceptable pattern of performance in the areas of complaints and sentinel events. Physical plant may need improvements. There is a poorly functioning system of quality assurance and/or supervision functions. Monitoring may consist of any or all of the following: intensive on-site monitoring, frequent case-based reviews, specific deliverables, contract modifications or action.



CONTRACTS MANAGEMENT

Purchase of service is an award for the expenditure of public funds to a provider (agency or individual) under a contract or agreement with a State agency or program to members of the public. The purchase of service is regulated by procurement codes and a purchase of service system pursuant to chapter 103D and 103F of the Hawaii Revised Statutes (HRS). Chapter 103D, entitled Hawaii Public Procurement Code, regulates the purchase of goods, services, or construction except for contracts providing direct health and human services. Chapter 103F regulates the purchases of health and human services to the public on behalf of the state purchasing agency.

The majority of the CAMHD purchase of service is guided by Chapter 103F, HRS for the purchase of health and human services. Chapter 103F applies to all contracts to provide health and human services to Hawaii's residents. Health and human services is defined as services to communities, families, or individuals that are intended to maintain or improve health or social well being. The purpose of Chapter 103F is to improve the State's process of disbursing funds for health and human services through a single procurement policy; and to optimize the sharing of information, planning, and service delivery efforts.

Planning Activities

In general, state planning activities include information gathering and analysis to determine what services to purchase and how to achieve better results. This involves community-planning, review of program monitoring and evaluation reports, and through Request for Information meetings. The Request for Information process is used to gather, share and clarify information from the purchasing agency, other state agencies and private providers when a state agency conducts planning activities for health and human services.

The CAMHD uses the competitive purchase of service method for the majority of its purchase of services. This method requires the solicitation of proposals to select providers and award funds for the delivery of services. Prior to the issuance of a Request for Proposals (RFP) the CAMHD conducts a Request for Information (RFI) to seek the input and involvement of the community. See the attached flow chart of the competitive procurement process.

Contracting

In general, all Agreements describe the appropriation source and amount, scope of services, term of agreement, compensation and payment, standards of conduct, and general and special conditions. See the attached copy of the general conditions. Prior to the execution of an Agreement, the CAMHD requires a valid Tax Clearance, proof of insurance (liability and automobile), and proof of accreditation and/or licensure, as applicable. In addition, prior to contracting with a provider, the CAMHD is required to



ensure that providers are registered with the State Procurement Office (SPO) and are in good business standing. Providers are encouraged to check the List of Registered Private Providers on the SPO website. A description of the List of Registered Private Providers is attached. All CAMHD Providers should review the Agreement prior to execution and should periodically review the Agreement after execution to ensure compliance with the terms and conditions of the Agreement.

Contract Monitoring and Evaluation

All contracts or agreements entered into with the CAMHD are subject to monitoring and evaluation in the manner prescribed by the purchasing agency.



RESOURCES DEVELOPMENT SECTION

The Resources Development Section of CMHD is responsible for developing, managing and coordinating federal sources of revenues, e.g., Title XIX and Title IV-E. This section collaborates with other state agencies on federal maximization activities, including generating reimbursement and savings for CAMHD. It is responsible for coordinating the various aspects of the Quest Plan enrollment and dis-enrollment functions and all other activities that relates to revenue and reimbursement opportunities affecting CAMHD.

PROVIDER RELATIONS LIAISON

The CAMHD recognizes that our contracted provider agencies and their staff play an important and vital role in the provision of quality services to our consumers. This role calls for a strong partnership between CAMHD and its network of providers.

The CAMHD Provider Relations Liaison serves as CAMHD's continuous communication linkage with the providers to promote positive relationships and satisfaction with the CAMHD staff, including its Family Guidance Centers. The broad goal of Provider Relations Liaison is to help strengthen the relationship between CAMHD and its network of contracted providers. If a provider agency or one of its staff has any concerns regarding their contracted provision of services the agency or staff may contact the Provider Relations Liaison by phone at (808) 733-9857 or by email at hkwilton@camhmis.health.state.hi.us.



COMPLIANCE PROGRAM

Compliance efforts are designed to establish a culture within the Child and Adolescent Mental Health Division (CAMHD), that promotes prevention, detection and resolution of instances of conduct that do not conform to Federal and State law and Federal health care program requirements, as well as CAMHD's ethical and business policies.

PURPOSE

The purpose of this Compliance Program is to formally document the Division's commitment to the elements of compliance and to address specific areas of potential fraud. This is demonstrated through the distribution, to all employees, of written Standards of Conduct as well as written policies and procedures that establish standard business practices to foster a high level of ethical and lawful conduct throughout the full scope of the Division's activities.

SEVEN (7) COMPONENTS TO THE COMPLIANCE PROGRAM

Standards and Procedures-

- Written compliance policies, standards and practices that identifies specific areas of risk and vulnerability. Individuals affected by the risk issue are agents and independent contractors with whom the Division has contracted to perform activities. Standards of Conduct are a key document within this category.
- Policies for Risk Areas-written policies to address specific areas of concern for each activity within CAMHD and articulate specific procedures that staff should follow when performing their duties.
Examples:
 - Solicitation of contracts and evaluation process
 - Licensure and credentialing issues
 - Claims processing
 - Utilization data collection
 - Med-QUEST enrollment/disenrollment procedures
 - Complaints, grievance and appeals procedures
 - Interagency Performance Standards adherence
 - Quality assessment and performance improvement
 - Certification of data submission
 - Suspected fraud determination and reporting



Compliance Oversight-

The CAMHD has an appointed Compliance Officer, who reports directly to the Division Chief and a Division Compliance Committee charged with the responsibility and authority of operating and monitoring the compliance program.

Compliance Committee's responsibilities

- Analyzing the organization's regulatory environment, the legal requirements with which it must comply and specific risk areas.
- Working with appropriate CAMHD sections, as well as affiliated providers, to develop standards of conduct and policies and procedures that promote allegiance to the Division's compliance program
- Recommending and monitoring the development of internal systems and controls to carry out the Division's compliance processes as part of daily operations.
- Determining the appropriate strategy to promote compliance with the program and detection of any potential violations.
- Developing a system to solicit, evaluate and respond to complaints and problems.
- Monitoring internal and external audits and investigations to identify troublesome issues and deficient areas experienced within CAMHD and in implementing corrective and preventive action.

Compliance Education-

The CAMHD is committed to the development and implementation of regular, effective education and training programs for all CAMHD employees. Provider-specific education programs about compliance are also a program goal. Contractors are encouraged to develop their own compliance programs that complement the CAMHD Compliance Program.

Communication with Compliance Officer-

The CAMHD is committed to maintaining effective lines of communication between the Compliance Officer and all CAMHD employees. This is crucial to the successful implementation of a compliance program and the reduction of the potential for fraud, abuse and waste.

Use of Audits and Thresholds-

The CAMHD uses audits and other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas. The audits and monitoring activities cover the range of CAMHD program requirements and comply with generally accepted standards governing such audits. Special attention is to be paid to the data and information that affects payments by Med-QUEST. Suspicion of fraud and abuse will be investigated and forwarded to the Compliance Committee for evaluation and appropriate action.



Certification of Data Submission-

Effective July 2002, data and claims submissions from CAMHD contracted agencies are required to be certified by the agency's CEO or CFO as to the accuracy, completeness and truthfulness of data, based on best knowledge, information and belief. The same certification is required when CAMHD reports data to Med-QUEST. Although certification does not guarantee accuracy, it creates a duty on the reporting entity to have in place an information collection and reporting system designed to yield accurate information. Activities should exercise due diligence to ensure that these systems are working properly. See Section 8, "Billing/Claims" of this Manual for the letter sent to the providers and the sample certification form.

Disciplinary Mechanisms-

The CAMHD is committed to the development of disciplinary processes to consistently enforce compliance standards.

Detection, Prevention and Reporting-The CAMHD has developed policies to respond to detected offenses, to initiate corrective action to prevent similar offenses and to report to government authorities when appropriate.

Detected but uncorrected misconduct can seriously endanger the mission, reputation and legal status of the CAMHD. Appropriate investigative action will be taken with respect to any reports or reasonable indications of suspected noncompliance.

A timely, reasonable inquiry will be made into the allegation or suspicion of misconduct. If at a Family Guidance Center, the effort will be coordinated by the Quality Assurance Specialist and, if appropriate, passed forward to the CAMHD Complaints and Grievance Office. The Complaints and Grievance Office staff will handle direct referrals of such complaints or allegations as well. Such inquiries will include interviews and a review of relevant documents. For extensive reviews, contracted auditors may be engaged.

- At this point, the contracted provider agency will be notified to cease any new referrals to the implicated clinician until the conclusion of the CAMHD inquiry.
- The Compliance Committee will meet within two (2) weeks of any such referred case and determine, based upon all known facts at the time, if a strong suspicion of fraud or abuse exists.
- If the conclusion of the Compliance Committee is that a strong suspicion exists, a referral form will be sent, by the Compliance Officer, to the Med-QUEST fraud and abuse investigator within thirty (30) days of the Committee's determination. The Med-QUEST investigator will automatically notify the State's Attorney General's Medicaid Fraud investigator.
- Actions will also be initiated and followed by the Compliance Officer to ensure the implementation of appropriate corrective actions such as repayment of



overpayment by CAMHD, disciplinary action, contractual action and modification of procedures, if appropriate.

- If any inquiry of an alleged violation is undertaken and the CMHD Compliance Officer believes the integrity of the inquiry may be compromised because of the presence of employees under investigation, that subject will be removed from their current work until the inquiry is completed.



RELEASE OF CONFIDENTIAL INFORMATION

CAMHD has taken steps to ensure that it provides its consumers with protection of their individually identifiable health information or protected health information (PHI). It has developed policies and procedures in accordance with the privacy standards issued by the U.S. Department of Health and Human Services and pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Pursuant to provider contracts, both CAMHD and its network of providers are expected to comply with all applicable sections of the Federal regulations and statutes, Hawaii Revised Statutes and the Hawaii Administrative Rules including the confidentiality of consumer records.



CAMHD'S CORE COMMITTEES

The systems and processes in place at CAMHD are supported by committees in which client care, service, and systems issues are discussed and reviewed for resolution and possible improvement to the CAMHD processes and structure. The following include the CAMHD standing committees:

Performance Improvement Steering Committee (PISC)

The Performance Improvement Steering Committee is a quality performance and improvement committee. The function of PISC is to oversee the Quality Assurance and Improvement Program (QAIP) plan.

The Committee has oversight of the following areas:

- Quality-related data and performance measures are presented to the committee for analysis, identification of areas for improvement and the development and creation of appropriate action plans.
- Data includes utilization review, sentinel events, complaints and appeals, monitoring, caseloads and vacancies, access, and training
- Standing Committees of PISC are:
 - Safety/Risk Committee
 - Credentialing Committee
 - Grievance and Appeals Committee
 - Utilization Review Committee
 - Staff/Service Training Advisory Team
 - Management Information System (MIS) Committee

Safety/Risk Management Committee (SARM)

The SARM Committee's goal is to provide clients, staff and visitors of the Child and Adolescent Mental Health Division with a high level of safety in the work place and treatment settings and to identify opportunities for improvement through an on-going effort of risk identification, evaluation, mitigation, resolution or monitoring.

The Committee has oversight of the following areas:

- Specific disaster/emergent situations
- Security
- Preventative Maintenance
- General health issues
- Safety and well being of clients placed in CAMHD- contracted facilities/programs.



- Appropriateness of client placement
- Sentinel events
- Safety/risk training & education
- Policies and Procedures

Compliance Committee

The Compliance Committee advises the CAMHD Compliance Office and assist in the implementation of the CAMHD Compliance Program.

The Committee's responsibilities include:

- Analyzing CAMHD's regulatory environment, the legal requirements with which it must comply and specific risk areas.
- Working with appropriate CAMHD sections, as well as contracted providers, to develop standards of conduct and policies and procedures that promote allegiance to the division's compliance program.
- Recommending and monitoring the development of internal systems and controls to carry out the division's compliance processes as part of daily operations.
- Determining appropriate strategy to promote compliance with the program and detection of any potential violations.
- Developing a system to solicit, evaluate and respond to complaints and problems.
- Monitoring internal and external audits and investigations to identify troublesome issues and deficient areas experienced within CAMHD and in implementing corrective and preventive action.
- Reviewing compliance (potential billing fraud) cases.

Credentialing Committee

The Credentialing Committee provides oversight over CAMHD's credentialing process.

The Committee's responsibilities include:

- Conducting preliminary review of each contracted provider's credentials to ensure that all primary source verifications submitted meet established criteria.
- Determining whether provider meets the established criteria and render a decision to approve or disapprove to allow the provider may provide services to CAMHD consumers.
- Informing the provider in writing of its decision that includes information on the right to request a reconsideration or appeal.

Grievance and Appeals Committee

Committee reviews and renders decision on non-fiscal and fiscal grievance issues that are forwarded from the Complaints and Grievance Office and Fiscal Section, respectively.



The Committee's responsibilities include:

- Reviewing grievance reports that include a compilation of documents relating to all factors relating to the determination made by the Grievance Office or the Fiscal Section.
- Determining whether a settlement will be offered.

Information Systems Development Committee

To identify and prioritize the development and deployment of management information systems (MIS) within the Division and to discuss appropriate systems direction for the CAMHD and how it can further utilize technologies to facilitate meeting its mission, goals and objectives.

The Committee's responsibilities include:

- Reviewing the updating of the technology infra-structure and organization
- Reviewing the enhancement of computer applications in support of CAMHD's business processes
- Reviewing the creation of additional administrative applications

Utilization Management Committee

The purpose of the Utilization Management Committee is to review all Utilization Management (UM) data and makes recommendations for change in UM guidelines or strategies.

The Committee's responsibilities include:

- Examining patterns and trends of service delivery to identify and discourage prolonged utilization of ineffectual services, overly restrictive services, and the use of non-evidence based interventions.
- Assisting CAMHD in aligning services with the division's practice guidelines and policy.
- Overseeing utilization data review strategies, areas of focus, and timelines of UM reports.
- Reviewing and analyzing all UM reports to identify opportunities for improvement in the delivery, availability, or access of services and to identify UM achievements.
- Proposing solutions to problems and concerns identified by utilization review activities.
- Establishing procedures designed to achieve the goals and objectives of the UM plan.
- Conducting specialized studies



Policy and Procedures Committee

The Policies and Procedures Committee oversees the development, approval and review of CAMHD policies and procedures (P&P).

The Committee's responsibilities include:

- Bi-annual reviewing of all P&Ps
- Reviewing of recommended revisions from CAMHD sections or staff
- Making recommendations from annual review to the CAMHD Management Team
- Developing new P&Ps
- Revising P&Ps
- Distributing revised or new P&Ps
- Ensuring P&Ps compliance with Federal and State laws, rules, regulations, standards or directives

Training Committee

The Training Committee serves to facilitate practice development, professional development, and the dissemination of strategic knowledge for CAMHD staff and relevant stakeholders.

The Committee's responsibilities include:

- Reviewing materials for proposed training to be offered by CAMHD staff or by CAMHD contracted providers
- Planning and prioritizing training needs
- Implementing trainings
- Evaluating trainings



MEDQUEST

The Med-QUEST Division (MQD) is Hawaii's Medicaid agency. MQD contracts with health plans throughout the State to provide health services to the Medicaid eligible population. These services also include medically necessary mental health assessment of treatment services.

In 1994 the CAMHD and MQD established a Memorandum of Agreement (MOA) outlining that CAMHD serves the State's Medicaid-eligible population identified as those experiencing Severe Emotional and Behavioral Disturbances (SEBD). The MOA was further modified in 1999 to include services to children and youth between birth and age twenty with disabilities who were eligible for and in need of educational and mental health services and are Medicaid eligible (identified as Felix-eligible).

The MQD identifies children and youth who are SEBD-eligible who are then referred to CAMHD for intensive care coordination and access to CAMHD's array of community – based services. The CAMHD and MQD follow a reconciliation process to identify those children and youth who are Felix and Medicaid-eligible.



CHILD AND ADOLESCENT MENTAL HEALTH DIVISION DIRECTORY

As of May, 2004

Central Administration Office Directory

Administration	Phone No.
Chief, Christina M. Donkervoet	733-9339
Secretary, Cynthia Quidez	
Public Health Administrative Officer, T. Orvin Fillman	733-4210
Secretary, Ellen Yamane	
Research Specialist, Eric Daleiden	733-8354
Clerk Typist, Nora Yogi	733-9278
Provider Relations Specialist, Kuulei Wilton	733-9857
Management Information Systems Office, Robert Lau	733-9309
Data Processing System Analyst, Susan Nillias	733-9309

FGC/FCLB Contact Information

Central Oahu Family Guidance Center Branch	
860 Fourth St, 2nd Fl Pearl City, Hawaii 96782	
Branch Chief, Alton Tamashiro	(808) 453-5900
PHAO, Barry Constantino	(808) 453-3905
MHS1, Leah Chang	(808) 453-5906
Honolulu Family Guidance Center Branch	
3627 Kilauea Ave, Rm 401 Honolulu, Hawaii 96816	
Branch Chief	(808) 733-9393
PHAO	(808) 733-9393
MHS1, Jose Alvior	(808) 832-3792,
	(808) 733-9393
MHS1, Nikki Shinshiro	(808) 733-9393
Leeward Oahu Family Guidance Center Branch	
601 Kamokila Blvd, 355 Kapolei, Hawaii 96707	
Branch Chief, Leonard Batungbacal	(808) 692-7700
PHAO, Mike Nakaji	(808) 692-7700
MHS1, Loretta DeBina	(808) 692-7710
MHS1, Arlene Funtanilla	(808) 692-7709



Windward Oahu Family Guidance Center Branch	
Branch Chief, Patricia Harnish	(808) 233-3772
Kaneohe Office 45-691 Keaahala Rd Kaneohe, Hawaii 96744	
PHAO, Mark Chambers	(808) 233-3737
MHS1, Mary Keefe	(808) 233-3735
Koolauloa Office 54-010 Kukuna Road, Hauula, Hawaii 96717	
MHS1, Bill Apaka	(808) 293-8995
Hawaii Family Guidance Center Branch	
Branch Chief, Keli Acquaro	(808) 887-8101
Hilo Office 120 Pauahi St., # 306, Hilo, Hawaii 96720	
PHAO, Elizabeth Kapp	(808) 933-0603
MHS1, Charmaine Mattos	(808) 933-0607
MHS1, Frank Castagnetti	(808) 933-0564
Kona Office 81-980 Haleki'i St., # 101, Kealahou, Hawaii 96750	
PHAO, Janet Ledoux	(808) 322-1531
MHS1, Deborah Roberts	(808) 322-1535
Waimea Office 65-1230 Mamalahoa Hwy, # A-1, Kamuela, Hawaii 96743	
PHAO, Janet Ledoux	(808) 887-8103
MHS1, Maryellen (May) Harrington	(808) 887-8102
Kauai Family Guidance Center Branch	
3204 Kuhio Ave #104	
Lihue, Kauai 96766	
Branch Chief, Sharon Tomas	(808) 274-3883x 231
PHAO, Lance Duncan	(808) 274-3883 x 229
MHS1, Janet Mardonada	(808) 274-3883 x 225
Maui Family Guidance Center Branch	
444 Hana Highway #202	
Kahului, Hawaii 96732	
Branch Chief, Virginia Shaw	(808) 873-3361
PHAO, Lorelei Dunston	(808) 873-3360
MHS1, Michael Russell	(808) 873-3363
MHS1, Le'ò Asuncion	(808) 873-3393
Family Court Liaison Branch	
42-277 Kalaniana'ole Highway	
Kailua, Hawaii 96734	
Branch Chief, Rachael Guay	(808) 266-9926
PHAO/QA, Roger Perillo	(808) 266-9923



Clinical Services	
Medical Director, Dr. Alfred M. Arensdorf	733-9230
Secretary, Deanne Fukumoto	733-9855
Behavioral Specialist, Lesley Slavin	733-9358
Best Practice Trainer, Lisa Hartwell	733-9183
MST System Supervisor, Bernadette Centeio	(808) 887-8104
Practice Development Supervisor, Vivian Walker	733-4469
Practice Development Specialist, Pua Paul	733-9008
Practice Development Assistant, Rowan Tokunaga	733-9273
Resource Management Supervisor, Jo Ayers	733-9316
Clerk Typist, Romel Mendoza	733-9239
Resource Management Specialist, Rick Bunney	733-4493
Transition Specialist, Kimo Alameda,	733-9349
Utilization Management Specialist, Valarie Nobriga	733-9007
Performance Management	
Performance Manager, Mary Brogan	733-9344
Performance Management Assistant, Priscilla May	733-9341
Performance Monitoring Supervisor, Elayne Schilling	733-9345
Clerk Typist, Stacey Medeiros	733-9340
Complaints, Grievance and Appeals, Charlie Dickson and Gino Merez	733-8495
Credentialing, Sherry Kho	733-4695
Facility Licensing, Vi DeCaires	733-9859
Quality Operations Supervisor, Joy Domingues	733-9350
Clerk Typist, Patsy Chun	733-9335
Sentinel Events, Tamara Pappas	733-9356
Contract Management	
Supervisor, Dr. T. Orvin Fillman	733-4210
Secretary, Ora Mae Barber	733-9208
Contract Specialist, Craig Kodama	733-9338
Contract Specialist, Nona Meyers	733-8386
Resources Development	
Financial Resource Specialist, Noella Kong	733-4199
QUEST Plan Coordinator, Mary Jane Jacinto	733-8370
Fiscal	
Public Health Administrative Officer, Dr. T. Orvin Fillman	733-4210
Secretary, Ellen Yamane	733-4210

